DOCUMENT RESUME

ED 142 140 HE 009 130

TITLE	Need for Continuation of the Uniformed Services University of the Health Sciences. Report of the Subcommittee on Investigations of the Committee on Armed Services, House of Representatives, with Dissenting Views. Ninety-Fifth Congress, First Session.
INSTITUTION	Congress of the U.S., Washington, D.C. House Committee on Armed Services.
REPORT NO	HASC-95-22
PUB DATE	Jun 77
NOTE	15p.; Best copy available
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
EDRS PRICE	MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS	*Armed Forces; Construction Costs; Costs; Educational Facilities; Federal Government; *Federal Legislation; Financial Support; *Government Role; Health Occupations Education; Legislators; *Medical Education; *Medical Schools; Military Personnel; *Physicians; Scholarships
IDENTIFIERS	*Uniformed Services University of Health Sciences

ABSTRACT

The report of the subcommittee favoring continuation of the Uniformed Services University of the Health Sciences consists of four parts: (1) the history of the university, the reasons for its establishment; (2) the findings and conclusions of the subcommittee on the discontinuation of institutional funds; (3) the subcommittee's recommendations for action by the Secretary of Defense; and (4) a discussion of a number of the issues in the controversy. Among those issues are the special benefits and costs of educating military personnel as physicians, the problems of relying on volunteers to meet the military's medical needs, the problems of an alternative scholarship program, and construction costs. The dissenting view of representative Ronald V. Dellums is included. (MSE)

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NEED FOR CONTINUATION OF THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

REPORT

OF THE

SUBCOMMITTEE ON INVESTIGATIONS

OF THE

COMMITTEE ON ARMED SERVICES
HOUSE OF REPRESENTATIVES

WITH DISSENTING VIEWS

NINETY-FIFTH CONGRESS

FIRST SESSION

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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HE009130

JUNE 15, 1977

U.S. GOVERNMENT PRINTING OFFICE
91-007 WASHINGTON : 1977

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(II)

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
ARMED SERVICES INVESTIGATIONS SUBCOMMITTEE,
Washington, D.C., May 16, 1977

Hon. MELVIN PRICE,
Chairman, Committee on Armed Services,
House of Representatives,
Washington, D.C.

DEAR MR. CHAIRMAN: Attached is a report entitled "Need for Continuation of the Uniformed Services University of the Health Sciences," approved by the members of the Armed Services Investigations Subcommittee, with dissenting views by Mr. Dellums. This report is based on hearings which were held March 16, 24 and 29, 1977.

I shall appreciate your early approval of the report so that it may be printed.

Sincerely,

SAMUEL S. STRATTON,
Chairman, Armed Services Investigations Subcommittee.

Approved for printing:
MELVIN PRICE, *Chairman.*
Date: June 2, 1977

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THE NEED FOR CONTINUATION OF THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

Introduction

On February 22, 1977, Secretary of Defense Harold Brown announced that the Uniformed Services University of the Health Sciences (USUHS), an institution authorized by the Congress in 1972, and funded in the Military Construction Authorization and Appropriations Acts for Fiscal Years 1975 and 1976, would be closed. The Department of Defense, in its amended budget submission to the Congress, stated that, "Physician needs of the military services can be satisfied more economically by direct recruitment or through the Armed Forces Health Professional Scholarship Program. Therefore, the University is to be closed."

The Armed Services Committee was concerned about the impact that decision might have on the ability of the military services to provide quality health care for military personnel. It also was concerned about the authority of the Secretary to unilaterally terminate an activity which the Congress had authorized and funded. To examine the authority for the Secretary's edict and its impact, the Investigations Subcommittee held hearings on March 16th, 24th and 29th. The Subcommittee sought to determine (1) the processes by which the Secretary arrived at the decision, (2) the soundness of the information upon which he acted, and (3) the extent to which the Secretary considered the impact of the decision on quality health care of our armed forces, as well as its effect on the careers of students and faculty of the University.

In an effort to develop that information, the subcommittee took sworn testimony from Dr. Robert N. Smith, Assistant Secretary of Defense for Health Affairs; VAdm. Donald Custis, USN (Ret.), former Surgeon General, U.S. Navy; Hon. David Packard, Chairman of the Board of Regents and Acting President of the USUHS; Dr. Anthony Carreri, former President, USUHS; Dr. Francis J. Haddy, Chairman, Department of Physiology, USUHS; 2nd Lt. Maceo Braxton, U.S. Army, Class President, Charter Class, USUHS; 2nd Lt. Margaret Diapoulis, USAF, Charter Class, USUHS; Lt. Gen. R. R. Taylor, Surgeon General, U.S. Army; VAdm. W. P. Arentzen, Surgeon General, U.S. Navy; Maj. Gen. Garth B. Dettinger, Deputy Surgeon General, U.S. Air Force; RAdm. A. R. Marschall, Commander, Naval Facilities Engineering Command; Mr. Thomas Corcoran; and, Mr. John Flinn, Staff Analyst for Program and Budget, Office of the Assistant Secretary of Defense, Comptroller.

Background of the USUHS

Retention of physicians in the armed services has been a problem since World War II. While the Selective Service Act was operative, it permitted the services to satisfy their need for doctors by ordering them to active duty. Since 1954, the so-called Berry Plan also satisfied

a large portion of the military's requirements for physicians by providing draft deferments to medical students during the time of their graduate medical training in exchange for a two-year period of obligated military service. The Berry Plan, whose impact continues at a rapidly decreasing rate, will produce its last six doctors for the Armed Forces in 1980.

With the resort to an all-volunteer force, the Congress, in 1972, sought to provide a substitute for the doctor draft. In furtherance of that objective, it passed the Uniformed Services Health Professions Revitalization Act of 1972 (P.L. 92–426). That legislation provided a dual approach to the problem of bringing doctors into the military and to increasing the period they would remain on active duty. The Act established the USUHS as the long-term solution. The University, when fully operational, after 1980, will provide 175 graduates annually, each with an initial service obligation of 7½ years to constitute a nucleus of career-oriented physicians. Additional obligated service will be incurred through postgraduate training which could result in as many as 12 years of obligated service. The purpose of the medical school is twofold, first to provide a nucleus of career physicians in the armed services, and in the Public Health Services as well; and second, to provide a unique curriculum which, in addition to the traditional courses, would include those essential for military medical training, such as trauma, mass casualties, combat surgery, medical logistics, nuclear medicine, etc.

Public Law 92–426 also established the Armed Forces Health Professions Scholarship Program (HPSP) as the short-term solution for bringing a large number of medical professionals into the armed services for shorter periods of obligated service. That program provides 5,000 full scholarships at any one time, of which 3,744 are for physicians. Graduates of the scholarship program incur an active duty obligation of one year for each year of participation in the program with a minimum two-year obligation.

Funds were appropriated by the Congress for construction of the USUHS buildings in fiscal year 1975. Construction was begun in July 1975 on the grounds of the National Naval Medical Center at Bethesda, Maryland. At present, the first building, a basic science building containing laboratories, research facilities, and classrooms, is approximately 80 percent complete, while approximately 17 percent of the second building has been completed.

In September 1976, the Charter Class of 32 students was admitted to the USUHS. Until completion of the first University building, students are attending classes in temporary facilities at the Armed Forces Institute of Pathology, Walter Reed Army Medical Center. Each succeeding class will be enlarged by approximately 35 students until the enrollment capacity of 175 first-year students is attained in 1980.

Findings and Conclusions

1. Following the recommendation of a junior budget analyst, the Secretary of Defense decided to discontinue funding of the USUHS without consulting the Congress or any of the civilian or military officers of the Department who are responsible for medical care of the armed forces.

2. The Secretary's decision was based solely on a speculative economic analysis without any weight being given to its impact on the quality of medical care to be provided to the armed services.

3. The analysis, upon which the Secretary acted, projected that "military physician strength can be increased by 20 percent over current requirements." It assumed the military departments can recruit 1,000 volunteers per year. That assumption had no basis in reality, as the services' best efforts have never come close to recruiting 1,000 volunteers in any year.

4. A General Accounting Office report of June 15, 1976 concluded that, when the total Federal funding to State-supported and private medical school is considered, the cost per staff-year of service under the scholarship program would be $52,968, whereas the cost per staff-year of service for a graduate of the USUHS is $26,236.

5. The Surgeons General of each of the military departments testified that they have been, and will continue to be, unable to recruit enough physicians to satisfy the requirements of their services.

6. The USUHS is essential since it will provide the military services with a nucleus of physicians, with special training in military medicine, who are expected to average 16 years of active military service. That is twice the period of active duty which can be anticipated from doctors educated in the scholarship program. Moreover, there are positive indications that many USUHS graduates will make a career of military medicine. Such long-term service will have a stabilizing effect on the military medical services which heretofore have experienced an average annual turnover of one-third of their physicians.

7. The USUHS will provide military physicians with an opportunity to participate in academic medicine. Experience has demonstrated that many highly qualified doctors have left military service because of the lack of such an opportunity.

8. No significant saving could be realized from termination of construction of the University buildings. One building is substantially completed. To abandon construction of the other would cost $39 million, while completion in accordance with the contract would cost approximately $56 million. To adapt the building to suit some other use could cost $60, or more, per square foot.

9. Since the organization and administration of the service academies are controlled in great part by detailed statutory provisions, the subcommittee will study the feasibility of amending the law which established the Uniformed Services University of the Health Sciences (Public Law 94–246), to reduce the policy control vested in the Secretary of Defense to give Congress a stronger hand in the overall operation of the medical school, and to obviate any further attempt in the Department of Defense and the OMB to close the school through the appropriations process.

Recommendations

The subcommittee recommends:

1. That before deciding to terminate a military activity authorized and funded by the Congress, the Secretary of Defense should submit to the Armed Services Committees of the House of Representatives and the Senate a detailed justification for his decision.

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2. That in evaluating any action which will affect the health care programs of the military services, the Secretary of Defense should give paramount consideration to its impact on the quality of that care, and should consult with the Surgeons General of the military departments before taking any action.

Discussion

The decision to terminate funding for the Uniformed Services University of the Health Sciences was based solely on budget considerations. Testimony established that Secretary of Defense Harold Brown had not consulted any of the civilian or military officials of the Department who are responsible for health care before deciding to close the University. In fact, each of those officers, the Assistant Secretary of Defense for Health Affairs and the Surgeons General of the military departments, testified that his first knowledge of the decision was obtained from the news media after the Secretary's decision. The record established that, instead of consulting those informed doctors, the Secretary relied upon the recommendation of a junior budget analyst. That recommendation was predicated upon some assumptions which are more wishful than factual.

Staff-Year Cost of Medical Education

While basing his decision exclusively on economic considerations, it appears that Secretary Brown failed to consider all the consequences of this decision. As Mr. David Packard, Chairman of the Board of Regents and Acting President of the University, testified, "he did not include in his analysis the cost of the scholarships which would be necessary to provide an equivalent number of doctors for the military." The General Accounting Office report concluded that if the University should be terminated, the scholarship program would have to be enlarged to permit graduation of an additional 379 students annually to compensate for the years of service which could be anticipated from the 175 graduates of the University each year.

When one focuses exclusively on the government costs of educating a doctor, the University appears to be a questionable alternative. However, when the benefits derived by the government are measured against those educational costs, the University compares favorably with the scholarship program. The General Accounting Office provided such a calculation. It did so by dividing the educational costs by the years of military service which could be anticipated from graduates of both programs and came up with a "cost per staff year of service." Since the University graduates will have almost twice the period of obligated military service, and since it is estimated that more than half of them will make a career of military medicine, as compared with an estimated 15 percent of the scholarship graduates, the University's cost per staff year compares most favorably.

When only the direct costs of the scholarship student are included, the cost per staff year for a scholarship graduate is $21,444 as compared with $26,236 per staff year for a University graduate. In a subsequent report, however, the General Accounting Office included all Federal subsidies to civilian medical schools in its calculation of the staff year cost of the scholarship program. On that basis the cost per staff year of educating a doctor in the scholarship program is increased

to $32,068. Thus, the staff year cost of educating a doctor in the University is $5,832 less than the staff year cost of his scholarship counterpart.

The intangible benefits provided by the University were stressed by several of the witnesses. One of the most important is the opportunity for military physicians to participate in academic medicine. That possibility was pointed out by the Surgeons General as a very important item in retaining highly qualified doctors who are interested in teaching. They cited examples of wholesale losses of doctors who have left the service since the military has offered them no opportunity for academic medicine.

Col. Bernhard Mittemeyer, Chief of Surgery at Walter Reed Army Medical Center and Professor of Surgery at the University, expressed the importance of this opportunity:

> This has been a tremendous stimulus for us to have the opportunity to participate in the academics. We have published papers and made exhibits and movies. We have gone to meetings. But we have never had the opportunity to be members of a true academy or a university program. This has been a tremendous stimulus, not only to myself and other senior officers within the Armed Forces, but also to the junior officers, those in the 10- to 15-year period who aspire to become teachers. They aspire toward a career in military medicine. The loss of the University in this regard would be a very severe blow to all of us * * *.

The unique location of the USUHS in proximity to the National Institutes of Health, National Naval Medical Center, Walter Reed Army Medical Center and the National Library of Medicine, provides facilities which are unmatched at any other medical school.

Another of the unique benefits of the University is the specialized education it provides in military medicine. In addition to the regular medical curriculum, students at the USUHS will have courses which are not available at any other medical school. Colonel Robert Joy, Chairman of the Department of Military Medicine and History, gave some examples when he testified concerning that training:

> They get many hours of education in medical defense against special weapons of war, such as chemical, biological, and nuclear war. The Armed Forces Radiobiology Research Institute provides a 10-man faculty to give 10 hours of instruction on mass casualties and about patients hit by the atomic weapons and the blast. They get a good number of hours and lectures on what happens to ordinary people when they join the military and what does the military do * * *. They will have over 30 hours of military applied physiology * * *. The course I am about to describe, no civilian school teaches—we give them 30 hours, using military and civilian senior scientists from Department of Defense laboratories on heat exhaustion, frost bite, altitude sickness, decompression system, translocation—which means jet lag—seasickness; there are noise problems which are pretty bad in the service.

It is impossible to assign dollar values to those benefits, and many other intangibles, in measuring the worth of the USUHS. Yet each of those items contributes to the quality of the medical care available to armed services personnel. The Department of Defense budget analyst who had recommended termination of the University in November 1976 testified that he didn't incorporate any quality factors in his recommendation. Unlike that analyst, the subcommittee believes that the quality of military health care is the item of paramount importance. If the University can produce a doctor who is better trained in military medicine, or if it can induce well qualified doctors to remain in the military longer than they might otherwise serve, the additional cost of educating a doctor there will be well worth it.

The Dubious Assumption of 1,000 Volunteers

The record of the subcommittee hearings reflected that the Secretary had very little information available at the time of his decision, and that which was available was based on an optimistic assumption which had no basis in reality. A search of the Department's files produced only one document which would have been available to the Secretary at the time of his decision. That document, an Issue Paper, prepared by the transition team of the new administration, concluded "military physician strength can be increased to 20 percent over current requirements by continuing the Armed Forces Health Professions Scholarship Program and the military doctor bonus."

The subcommittee hearings revealed that optimistic conclusion was based on the assumption that the Department of Defense "will continue to obtain 1,000 volunteers per year plus our other accessions as now planned." If the military services had been able to recruit 1,000 physician volunteers[1] annually, proceeding on that assumption would have been valid. In reality, however, the services have fallen far short of that optimistic goal. Their combined efforts have never been able to approach recruiting 1,000 volunteers in any year; in fact, fiscal year 1976 was their most successful recruiting year when a total of 658 volunteers were recruited. The Surgeons General testified that the fiscal year 1977 goal of 1,010 volunteers probably will not be achieved. They testified that as of March 29, 1977, almost halfway through the fiscal year, they have succeeded in recruiting only 212 of those 1,010 volunteers.

Problems of the Scholarship Program

Testimony during the hearings also raised a serious question about the ability of the scholarship program to attract a sufficient number of medical students to satisfy the needs of the Armed Services. The Surgeons General testified that the Armed Forces Health Professions Scholarship Program has lost some of its attractiveness because of another scholarship program established by Public Law 94-484, the Health Professions Educational Assistance Act of 1976, 90 Stat. 2243. They testified that the Public Law 94-484 scholarship program offers advantages which the Armed Forces program does not, i.e., a cost of living increase in the stipend, an opportunity to "buy out" of the obligated service, and an opportunity to practice in a civilian community rather than a remote military base at some overseas location. The witnesses also expressed the fear that the Armed Forces scholarship program has been rendered less attractive as a result of the Internal Revenue Service ruling that the scholarship benefits, i.e. tuition and stipend, are taxable to the student as income.

The Air Force Deputy Surgeon General noted that last year his service had only 371 applicants for its 350 scholarships, and that he does not expect there will be enough applicants for the Air Force allocation of scholarships this year. He also referred to a study by Rand Corporation which predicted that in future years the Air Force will not be able to fill 40 percent of its scholarship quota.

[1] A volunteer physician is a medical school graduate who has incurred no obligated military service in return for his education as distinguished from doctors who have received all or part of their medical education at Federal expense in scholarship programs.

The Department of Defense projection of its accessions plans on more than 1,100 doctors annually coming from the scholarship program. In view of the doubts of the Surgeons General about the future of that program and the failure of the Department to meet its accession goals in the past, one finds little or no support for the Department's optimistic prediction.

Volunteers Are Not the Answer

Testimony of the Surgeons General also surfaced problems connected with the physician volunteers. They noted that a large portion of the volunteer physicians they have recruited are graduates of foreign medical schools, and many of those are aliens. For example, of the 658 volunteer physicians recruited during fiscal year 1976, 237, or 36 percent, were graduates of foreign medical schools. And during the transition quarter, i.e., between July 1st and September 30, 1976, of the 304 volunteers recruited, 136, or 45 percent, were foreign medical graduates. While some of those foreign graduates are United States citizens, in fiscal year 1976, 27 percent were aliens.

Vice Adm. Arentzen, Surgeon General of the Navy, testified that aliens accounted for 123, or 68 percent of the 181 foreign medical graduates recruited by the Navy during 1976 and 1977. Major General Dettinger, Deputy Surgeon General of the Air Force, testified that 91 percent of the foreign medical graduates recruited by the Air Force during fiscal year 1976 were aliens. Such a preponderance of aliens among the volunteer physicians is disturbing. If that trend should continue, the military medical services would, within a few years, contain a disproportionate number of alien doctors.

The Surgeons General further testified that the alien medical officers have caused some problems. Since the law requires that officers of vessels of the Navy shall be citizens of the United States, the Navy Surgeon General testified that he is unable to assign alien doctors to shipboard duty. Alien doctors are also ineligible for assignment to medical officer billets which require very high level security clearances.

The record further reflects that many of the alien doctors have proven unsatisfactory in the service. The Air Force Deputy Surgeon General testified his service has been required to discharge many of them for such varied reasons as shoplifting, drugs use and alcoholism. He also stated the Air Force has recruited many doctors who are 50, or more, years old. Since all of those doctors must be discharged upon reaching age 60, he testified "our shortfalls will be very, very real in 1980 and thereafter."

The enactment of Public Law 94–484, the Health Professions Educational Assistance Act of 1976, will greatly reduce the number of alien doctors eligible to enter the United States. That Act contains a congressional finding "that there is no further need for affording preference to alien physicians and surgeons in admission to the United States under the Immigration and Nationality Act". Title VI of that Act, which went into effect in January 1977, places limitations on the immigration of foreign medical graduates into the United States. As a result of those limitations, there will be fewer foreign doctors available for recruiting by the armed services. In view of the predominance of alien doctors among the recent volunteers, some reduction in volunteers must be anticipated.

Construction Costs

Secretary Brown, at his press briefing on February 21st, estimated that the USUHS "would cost at least $100 million to complete. So not completing it does not incur that cost, and I would call that a saving." That figure is another example of the misinformation upon which the Secretary's decision was based. Mr. Packard, the Acting President of the University, testified, "I want to point out there is not that much money in the building program all together."

The construction program for the University calls for two buildings. Those buildings, totalling 543,392 sq. ft., will be adequate to accommodate the full 700-student enrollment of the University. Both have already been authorized and a total of $85.5 million has been appropriated for their design and construction. The construction contracts for the two buildings total $72.6 million, that is a cost underrun of $13 million, a welcome contrast to the cost overruns which have plagued the Department of Defense in recent years. At the time of our hearing the first building was approximately 80 percent completed. According to Rear Admiral A. P. Marschall, Commander, Naval Facilities Engineering Command, who is responsible for the construction of the University buildings, "The only course is to complete it. We could not get a red cent out of this thing at this point." The second building is approximately 17 percent complete. To tear down the construction and restore the site would cost $39.3 million according to Admiral Marschall. He testified that the other alternatives and their costs would be: termination at the plaza level—$39.4 million; completion of a building shell—$46.1 million; completion in accordance with the contract—$55.8 million. He also testified that those buildings are very specialized and do not readily lend themselves to usage other than a medical school. While he was unable to specify what modifications to suit another user would cost, he said it would be expensive. He also said that modifications could cost more than $60 per square foot. For purposes of comparison, the Architect of the Capitol advised that the construction cost of the Rayburn House Office Building, in 1964, was $34 per square foot.

OMB Witnesses and Documents

During the hearings of the subcommittee Mr. James Fish, a budget analyst at the Office of Management and Budget, was identified by several witnesses as an individual who was responsible for the initial recommendation to terminate funding of the University. When Mr. Bert Lance, the Director of the Office of Management and Budget, declined to make Mr. Fish available to testify, the subcommittee authorized the issuance of a subpoena for his attendance. In an effort to avoid issuance of the subpoena, Mr. Lance advised the Chairman he would make Mr. Fish available for interview by the subcommittee staff. During the ensuing interview Mr. Fish identified several documents he had prepared, or reviewed, in the preparation of the Program Budget Decision. He was directed by the staff to submit those documents to the subcommittee. When Mr. Lance informed the Chairman that the documents would not be produced, he was directed by the Chairman to appear before the subcommittee on April 27 with the documents.

On April 21, however, the House of Representatives voted to adopt the Conference Report on the Supplemental Appropriations Bill of 1977, H.R. 4877. In its adoption of the Conference Report, the House, by a vote of 250 to 162, approved a Senate amendment which provided an appropriation of $12.5 million for operation and maintenance of the University during fiscal year 1978. In view of that vote, the subcommittee concluded that Mr. Lance's testimony and the production of the documents were no longer necessary. Consequently, the Chairman, on April 22, sent Mr. Lance the following letter:

> As you know, the House yesterday, by a vote of 250 to 162, supported continued funding for the Uniformed Services University of the Health Sciences.
>
> In view of that vote, I believe there is no further need to continue the hearings of the Subcommittee on the University. Accordingly, you are hereby excused from your scheduled appearance before the Subcommittee on April 27, and you are also excused from the production of the various records of the Office of Management and Budget relative to the decision to terminate the school, which the Subcommittee had requested.

Proposed Subcommittee Study

Finally, the subcommittee will look into the possibility of tightening the law to diminish the likelihood, and discourage any further attempt, to close the school through financial strangulation initiated in the Department of Defense and the OMB.

The service academies are good examples of Federal institutions which are organized and administered pursuant to detailed statutory provisions initiated in the Congress. It may well be wise to provide a similar statutory structure for the military medical school, and that prospect will be studied by the subcommittee during this session of the 95th Congress.

DISSENTING VIEWS OF HON. RONALD V. DELLUMS

MAY 16, 1977

I cannot agree with the substantive recommendation made by the Committee in favor of the Uniformed Services University. Numerous independent studies have shown that the University would be more expensive than the scholarship programs now being used to procure medical personnel. Furthermore, I do not believe it is desirable to establish yet another military academy, this one at the graduate level, to further isolate the military from society and perhaps train the students to be soldiers first and doctors second. The Administration's decision to close the University should be supported.